

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/05/2016</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**DECATUR REHAB & HEALTH CARE CT**

**136 SOUTH DIPPER LANE  
DECATUR, IL 62522**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Licensure Post Visit to Complaint# 16602631/IL82756 of 1/21/16	S 000		
S9999	Final Observations  Statement of Licensure Violations: Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour,	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Decatur Rehabilitation and Health Care Center failed to follow their plan of correction for the survey of 1/21/16.</p> <p>Based on observation, interview and record review the facility failed to reposition a resident with a pressure sore and provide incontinence care for a period of six and one half (6.5) hours for one of two residents (R102) reviewed for pressure sores in the sample of two.</p> <p>Findings include:</p> <p>R102's April 2016 Weekly Wound Tracking sheet documents R102 has a stage two coccyx pressure sore. The Pressure Ulcer Risk assessment dated 2/1/16 documents R102 is at high risk of skin breakdown. The Minimum Data Set dated 1/22/16 documents R102 is severely cognitively impaired, incontinent of bowel and bladder and requires extensive assistance of two staff for transfers and toileting. R102's Care Plan dated 2/19/16 instructs staff to "assist resident to turn and reposition q2 (every two hours) and prn (as needed).....check brief upon waking, after meals.....and as needed."</p> <p>On 4/4/16 at 9:40 AM, 10:00 AM and 10:20 AM and 10:35 AM through 1:55 PM based on five to 15 minute observations R102 was seated in a high back wheel chair without benefit of</p>	S9999		

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STATE FORM

6899

8NXW11

If continuation sheet 2 of 6

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S9999	<p>Continued From page 2</p> <p>repositioning.</p> <p>On 4/4/16 at 1:55 PM E3, Certified Nursing Assistant (CNA) and E4, CNA, used a mechanical lift to transfer R102 from the wheelchair to the bed. The front and back of R102's outer pants were soaked with urine. R102's brief was soaked with urine and soiled with stool. At that time E3 confirmed that R102's outer pants were wet and R102's brief was soaked with urine and soiled with stool.</p> <p>On 4/4/16 at 1:50 PM E3 stated that at 7:15 AM E3 provided incontinence care for R102 and transferred R102 to the wheelchair. E3 stated R102 has been seated in the wheelchair since that time (7:15 AM). E3 stated E3 has not provided incontinence care for R102 since 7:15 AM. On 4/4/16 at 1:55 PM E4 stated E4 has not repositioned or provided incontinence care for R102 during E4's shift. On 4/4/16 at 3:30 PM E7 CNA/Activity Director stated E7 did not reposition or provide incontinence care for R102 during E7's shift.</p> <p>On 4/4/16 at 2:10 PM E5, Licensed Practical Nurse (LPN) stated E5 has not repositioned or provided incontinence care for R102 since 6:45 AM. E5 stated staff normally lay R102 down in the bed after meals. E5 stated R102 should be repositioned and provided with incontinence care every two hours.</p> <p>The undated Preventative Skin Care policy states "Any resident identified as being at high risk for potential skin breakdown shall be turned and repositioned at a minimum of every two hours." The undated Skin Care Prevention - Teaching Protocols states "Peri-care (perineal care) after incontinence."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Based on interview and record review the facility failed to notify the physician of registered dietician dietary recommendations for wound healing and weight loss prevention for one of two residents (R102) reviewed for pressure sores in the sample of two.</p> <p>Findings include:</p> <p>The April 2016 Weekly Wound Tracking sheet documents R102 has a stage two coccyx pressure sore. The Pressure Ulcer Risk assessment dated 2/1/16 documents R102 is at high risk of skin breakdown. The Minimum Data Set dated 1/22/16 documents R102 is severely cognitively impaired and requires extensive assistance with eating.</p> <p>The undated Report of Monthly Weight and Vitals documents R102's February 2016 weight as 118.5 pounds and R102's March 2016 weight as 111.2 pounds.</p> <p>E8's (Registered Dietician) Nutritional Assessment dated 3/10/16 documents R102 is</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  <b>DECATUR REHAB &amp; HEALTH CARE CT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>136 SOUTH DIPPER LANE DECATUR, IL 62522</b>		
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S9999	<p>Continued From page 4</p> <p>underweight and had a 6.6% weight loss over a one month period. The Assessment documents R102's current weight as 111 pounds and R102's ideal body weight as 140 pounds. The Assessment documents "resident (R102) with significant weight loss x1 month.....Recommendations;.....noted stage II pressure sore on coccyx. Resident eating well.....due to increased needs for healing and ability to take po (by mouth) recommend adding super cereal to breakfast."</p> <p>R102's Physician's Order Sheets dated 3/1/16 through 3/31/16 and 4/1/16 through 4/30/16 do not include an order for R102 to receive super cereal. R102's March 2016 Nurses' Notes do not indicate Z1 (R102's physician) was notified of R102's significant weight loss or E8's recommendation for R102 to receive super cereal at breakfast. R102's meal tray card documents "whole milk, 2x protein" for breakfast." R102's meal tray card does not include instructions for R102 to receive super cereal.</p> <p>On 4/4/16 at 1:35 PM E6 Dietary Manager confirmed that E8 recommended super cereal at breakfast for R102 on 3/10/16. At that time E6 could not provide documentation that Z1 had been notified of E8's recommendation or of R102's significant weight loss.</p> <p>On 4/4/16 at 2:30 PM E5 Licensed Practical Nurse reviewed R102's medical record and could not provide documentation that E8's recommendation had been sent to Z1 or that Z1 had been notified of R102's significant weight loss.</p> <p>The undated Resident Weight Monitoring policy states "If there is an actual significant weight</p>	S9999		

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S9999	Continued From page 5  change.....(the) physician.....are notified."  The Pressure Ulcers - Nutritional Intervention policy revised 7/08 states "Residents deemed at high risk for developing pressure ulcers or actually having pressure ulcers will have a program of increased protein, calories, vitamins, minerals and fluids developed by the dietician and ordered by the resident's physician."  (B)	S9999		